**GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS**

In the U.S., a disabling injury occurs every second.¹

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**Saratoga Hospital**

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you’re unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.

To learn more about Short-Term Disability insurance, visit our interactive benefits education tool, MyTomorrow® at www.mytomorrowbenefits.com/SaratogaHospital00289

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**COVERAGE INFORMATION**

<table>
<thead>
<tr>
<th>BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)</th>
<th>MAXIMUM</th>
<th>SICKNESS BENEFIT STARTS</th>
<th>INJURY BENEFIT STARTS</th>
<th>BENEFIT DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>$3,000</td>
<td>On the 8th day</td>
<td>On the 8th day</td>
<td>26 weeks</td>
</tr>
</tbody>
</table>

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**ASKED & ANSWERED**

**WHO IS ELIGIBLE?**

You are eligible if you are an active employee as defined by the policy certificate.

**AM I GUARANTEED COVERAGE?**

If you elect coverage during the special one-time open enrollment evidence of insurability is not required.

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**WHEN CAN I EnROLL?**

You may enroll 10/22/2021 through 11/5/2021 with coverage effective 1/1/2022.

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**WHEN DOES THIS INSURANCE BEGIN?**

Insurance will become effective in accordance with the terms of the certificate (first of the month coinciding with or next following 3 months of employment).

You must be actively at work with your employer on the day your coverage takes effect.

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**WHEN DOES THIS INSURANCE END?**

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

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**WHAT DOES IT MEAN TO BE DISABLED?**

Disability is defined in The Hartford’s certificate with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% (standard) of your pre-disability weekly earnings.

Pre-disability earnings is defined within the policy certificate.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford’s compensation practices, please review our website http://www.thehartford.com/group-benefits-producer-compensation. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.
LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP SHORT TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

• You must be under the regular care of a physician to receive benefits.
• You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  ▪ War or act of war (declared or not)
  ▪ The commission of, or attempt to commit a felony
  ▪ An intentionally self-inflicted injury
  ▪ Your being engaged in an illegal occupation
  ▪ Sickness or injury for which workers’ compensation benefits are paid, or may be paid, if duly claimed
  ▪ Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

OFFSETS

• Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  ▪ Social Security disability insurance (please see next section for exceptions)
  ▪ Other employer-based insurance coverage you may have
  ▪ Unemployment benefits
  ▪ Settlements or judgments for income loss
  ▪ Retirement benefits that your employer fully or partially pays for (such as a pension plan)
• Your benefit payments will not be reduced by certain kinds of other income, such as:
  ▪ Retirement benefits if you were already receiving them before you became disabled
  ▪ Retirement benefits that are funded by your after-tax contributions, your personal savings, investments, IRAs or Keoghs profit-sharing
  ▪ Most personal disability policies
  ▪ Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured’s weekly [Pre-Disability Earnings/Basic weekly Pay] $1,000
Short term disability benefits percentage x 60%
Unreduced maximum benefit $600
Less Social Security disability benefit per week - $300
Less state disability income benefit per week - $100
Total amount of short term disability benefit per week $200

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.


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